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SECRETARY OF STATE
TALLAHASSEE FLORID.



COVER LETTER

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FCO/ErDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HGS ENTERPRISES, INC. 2. The principal office address: 12491 KITE ROAD
WEEKI WACHEE, FLORIDA 34614
3. The mailing address (if different):
4. Date of incorporation/qualification: 02-04-2003 Document number: P0300016198
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
GIENDA R. SCHUENBORN
1034 TRAFALGAR DRIVE
NEW PORT FICHEY, FL 34655 PER 8
6. The name and street address of the new registered agent (if changed) and /or registered office RETARY OF STATE TARY OF STATE TO BOX NOT acceptable) WEEKI WACHEE, FL 34614
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director (Signature of an officer or director) Glenda Robert Schoen born Tres i dentification (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. A
If signing on behalf of an entity:

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)